

Louisiana State Board of Medical Examiners

P. O. Box 30250, New Orleans, LA 70190-0250

Telephone: (504) 568-6820



Notification of Intent to Practice as a Locum Tenen for a Physician Assistant

Name of Supervising Physician: _____ License #: _____

Name of Designated Locum Tenen: _____ License #: _____

If group practice, name of group: _____

Business address: _____

Telephone number: (_____) _____ - _____ ext. _____

Specialty of Locum Tenen: _____

Supervising Physician Signature:

Date:

Locum Tenen Signature:

Date:

Name of physician assistant: _____ License #: _____

Business address: _____

Telephone number: (_____) _____ - _____ ext. _____

Physician Assistant Signature:

Date: